

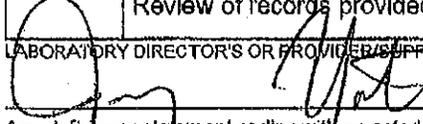
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/26/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185174	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/12/2012
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NAME OF PROVIDER OR SUPPLIER FLORENCE PARK CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 6976 BURLINGTON PIKE FLORENCE, KY 41042
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X6) COMPLETION DATE
F 000	INITIAL COMMENTS	F 000	F153 right to Access/Purchase Copies of Records	
F 153 SS+D	<p>483.10(b)(2) RIGHT TO ACCESS/PURCHASE COPIES OF RECORDS</p> <p>The resident or his or her legal representative has the right upon an oral or written request, to access all records pertaining to himself or herself including current clinical records within 24 hours (excluding weekends and holidays); and after receipt of his or her records for inspection, to purchase at a cost not to exceed the community standard photocopies of the records or any portions of them upon request and 2 working days advance notice to the facility.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, it was determined the facility failed to ensure a copy of all records was provided to the legal representative within two (2) working days of advance notice to the facility, for one (1) of three (3) sampled residents (Resident # 1).</p> <p>The findings include:</p> <p>Review of the clinical record revealed the facility admitted Resident #1 on 06/30/08 with diagnoses which included Multiple Sclerosis. Continued review revealed the resident was discharged to the hospital on 12/04/11.</p> <p>Review of records provided to the Kentucky State</p>	F 153	<p>The resident or his/her legal representative has the right upon an oral or written request, to access all records pertaining to himself or herself including current clinical records within 24 hours (excluding weekends or holidays); and after receipt of his or her records for inspection, to purchase at a cost not to exceed the community standard photocopies of the records or any portion of them upon request and 2 working days advance notice to the facility.</p> <p>1. Resident # 1 was not adversely affected by the alleged deficient practice.</p> <p>2. A facility audit was conducted on 01/31/2012 by the Nursing administration team to ensure proper protocol being followed to ensure the facility is providing a copy of requested clinical records for review within 24 hours upon written or oral request from the resident or legal representative and allowed to purchase a copy of records or any portion upon request and 2 working days notice.</p> <p>3. Medical Records, Admissions Director, Director of Nursing and Unit Managers were in-serviced by the administrator on the protocol about providing all requested clinical records within 24 upon written or verbal request. This in-service was conducted on 01/31/2012 by the Administrator.</p> <p>4. A QA will be conducted by Director of Nursing or designee on 3 clinical records request monthly for 3 months.</p> <p>5. The Administrator will ensure continued compliance.</p>	2/1/12

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Administrator	(X8) DATE 2-1-12
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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 153	<p>Continued From page 1</p> <p>Survey Agency by Resident #1's legal counsel, revealed a written request to the facility was made on 12/18/11 for copies of the entire record. Continued review revealed a copy of the resident's written consent for release of the records was included in the request. Further review revealed an incomplete copy of the record was provided. In addition, as of 12/22/11 when the Kentucky State Survey Agency was notified, the full record had still not been provided.</p> <p>Interview with the Director of Nursing (DON), on 01/11/12 at 3:40 PM, revealed she initially provided a copy of the "floor chart". She stated she was not sure when the complete record was provided. She further stated the request was for the copies to be provided within twenty-four (24) hours, and that "was impossible". Subsequent interview with the DON, on 01/11/12 at 4:00 PM, revealed she had copied the rest of the record on 12/28/11, and the facility Administrator hand-delivered the documents to the legal counsel for Resident #1 on 01/03/12.</p> <p>During interview, on 01/12/12 at 4:00 PM, the facility Administrator confirmed the DON's account of the time frame in responding to the record request.</p>	F 153		
F 203 SS=D	<p>483.12(a)(4)-(6) NOTICE REQUIREMENTS BEFORE TRANSFER/DISCHARGE</p> <p>Before a facility transfers or discharges a resident, the facility must notify the resident and, if known, a family member or legal representative of the resident of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand; record the reasons in the resident's clinical record; and</p>	F 203		

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F 203	<p>Continued From page 2</p> <p>include in the notice the items described in paragraph (a)(6) of this section.</p> <p>Except when specified in paragraph (a)(5)(ii) of this section, the notice of transfer or discharge required under paragraph (a)(4) of this section must be made by the facility at least 30 days before the resident is transferred or discharged.</p> <p>Notice may be made as soon as practicable before transfer or discharge when the health of individuals in the facility would be endangered under (a)(2)(iv) of this section; the resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (a)(2)(i) of this section; an immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (a)(2)(ii) of this section; or a resident has not resided in the facility for 30 days.</p> <p>The written notice specified in paragraph (a)(4) of this section must include the reason for transfer or discharge; the effective date of transfer or discharge; the location to which the resident is transferred or discharged; a statement that the resident has the right to appeal the action to the State; the name, address and telephone number of the State long term care ombudsman; for nursing facility residents with developmental disabilities, the mailing address and telephone number of the agency responsible for the protection and advocacy of developmentally disabled individuals established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act; and for nursing facility residents who are mentally ill, the mailing address and telephone number of the agency responsible for</p>	F 203	<p>F203 Notice requirements before Transfer/Discharge</p> <p>Before a nursing facility transfers a resident to a hospital or allows a resident to go on therapeutic leave, the nursing facility must provide written information to the resident and a family member or legal representative that specifies the duration of the bed-hold policy under the State plan, if any, during which the resident is permitted to return and resume residence in the nursing facility, and the nursing facility's policies regarding bed-hold periods, which must be consistent with paragraph (b)(3) of this section, permitting a resident to return.</p> <ol style="list-style-type: none"> 1. Resident # 1 was not adversely affected by the alleged deficient practice. 2. A facility audit was conducted on 01/31/2012 by the Nursing administration team to ensure proper protocol being followed to ensure the facility is providing the resident and family and/or legal representative is provided with a written copy of the bed hold policy specifying the duration of the bed-hold upon discharge from the facility. 3. Review of the form indicated that it contained the required information for notice of discharge and bedhold policy. Admissions Director, RN, LPNs and Director of Nursing were in-serviced on the utilization of this form by the Administrator on the protocol for notice of bed-hold before and upon transfer. This in-service was conducted on 01/31/2012. 4. A QA will be conducted by Director of Nursing on 3 discharged residents a month for 3 months to ensure that the discharge/transfer/bedhold policy form is being utilized appropriately. 5. The Administrator will ensure continued compliance. 	2/1/12

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F 203	<p>Continued From page 3</p> <p>the protection and advocacy of mentally ill individuals established under the Protection and Advocacy for Mentally Ill Individuals Act.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, it was determined the facility failed to ensure one (1) of three (3) sampled residents (Resident #1) was notified in writing of the stated reason for discharge and the effective date. In addition, the resident was not informed of their right to appeal and did not receive contact information for the Ombudsman.</p> <p>The findings include:</p> <p>Review of the clinical record revealed the facility admitted Resident #1 on 06/30/08, with diagnoses which included Multiple Sclerosis. Continued review revealed the resident was discharged to the hospital on 12/04/11. Further review revealed no documented evidence the resident was ever informed of the discharge date, the reason for discharge, the right to appeal the facility's decision, or contact information for the Ombudsman.</p> <p>Interview with the Social Worker, on 01/11/12 at 2:40 PM, revealed she did not know why the resident was discharged. She stated she was not involved in the process. Continued interview revealed she was not aware of a requirement for written notice of discharge.</p> <p>Interview with the Admissions Director, on 01/11/12 at 3:00 PM, revealed the resident was</p>	F 203		

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F 203	<p>Continued From page 4</p> <p>out of Medicaid bed-hold days for the year 2011. She stated the resident was informed of this while he/she was hospitalized. She further stated the initial reason the resident could not return to the facility was due to no available isolation beds. Continued interview revealed she informed the hospital, when the resident was ready to be discharged from there, they should look elsewhere for an isolation bed. On further interview, the Admissions Director stated the official reason the resident was not re-admitted was the facility could no longer accommodate the resident's needs.</p> <p>Interview with the Ombudsman, on 01/11/12 at 3:45 PM, revealed she was in communication with facility beginning the day after the resident was sent out to the hospital. She stated the facility initially refused to accept the resident back due to the need for isolation, and no isolation bed was available. She explained the resident was seen at the hospital by an Infectious Disease practitioner and was cleared for discharge without isolation, and a report was sent to the facility. Continued interview revealed the facility's Social Worker confirmed, on 12/20/11, the facility had received the hospital report indicating the resident did not require isolation. Later on 12/20/11, the facility Social Worker called the Ombudsman and stated the resident would not be re-admitted "due to behaviors".</p> <p>Interview with the Director of Nursing (DON), on 01/11/12 at 5:00 PM, revealed she and the Admissions Director handled re-admissions to the facility. She stated she did not know if they informed the resident he/she could not return to the facility. She further stated when the resident</p>	F 203		

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F 203	<p>Continued From page 5</p> <p>was reviewed for re-admission, it was felt the facility could no longer meet the resident's needs.</p> <p>Interview with the Administrator, on 01/11/12 at 5:30 PM, revealed he had visited Resident #1 in the hospital and they had discussed the issue of no isolation bed availability. He stated he did not think anyone had talked to Resident #1 about other reasons he/she could not return to the facility, e.g. the facility could no longer meet the resident's needs. Continued interview revealed he never thought the resident was really happy at the facility. He further stated he had been made aware the resident wanted to return to the facility.</p> <p>Interview with Resident #1 at a new facility, on 01/12/12 at 10:30 PM, revealed he/she was devastated over not being able to return to the facility. The resident stated he/she was informed on the day after admission to the hospital that all his/her things at the facility had been packed up. The resident further stated he/she requested someone from the facility to visit and explain. He/she reported the Admissions Director and the Chef visited, but "it went nowhere ...they upset me from the word go". Continued interview revealed the resident did not remember what was said, just that he/she did not agree and it upset him/her. The resident revealed a continued desire to return to the facility where all his/her friends were. When asked if the resident felt the facility had violated his/her rights, the resident revealed, "they violated something" and "I thought those people liked me, I guess I was wrong". On further interview the resident revealed he/she had never been informed of any reason re-admittance was denied except there was no isolation bed, then no bed at all.</p>	F 203			

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F 205 SS=D	<p>483.12(b)(1)&(2) NOTICE OF BED-HOLD POLICY BEFORE/UPON TRANSFR</p> <p>Before a nursing facility transfers a resident to a hospital or allows a resident to go on therapeutic leave, the nursing facility must provide written information to the resident and a family member or legal representative that specifies the duration of the bed-hold policy under the State plan, if any, during which the resident is permitted to return and resume residence in the nursing facility, and the nursing facility's policies regarding bed-hold periods, which must be consistent with paragraph (b)(3) of this section, permitting a resident to return.</p> <p>At the time of transfer of a resident for hospitalization or therapeutic leave, a nursing facility must provide to the resident and a family member or legal representative written notice which specifies the duration of the bed-hold policy described in paragraph (b)(1) of this section.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, it was determined the facility failed to ensure one (1) of three (3) sampled residents (Resident #1) received notice of the bed-hold policy on the day of transfer to the hospital. The resident was admitted to the hospital on 12/04/11 but did not receive notice of the bed-hold policy until 12/08/11.</p> <p>The findings include:</p> <p>Review of the clinical record revealed the facility admitted Resident #1 on 06/30/08 with diagnoses</p>	F 205	<p>F205 Notice of Bed-Hold Policy Before/Upon Transfer</p> <p>Before a nursing facility transfers a resident to a hospital or allows a resident to go on therapeutic leave, the nursing facility must provide written information to the resident and a family member or legal representative that specifies the duration of the bed-hold policy under the State plan, if any, during which the resident is permitted to return and resume residence in the nursing facility, and the nursing facility's policies regarding bed-hold periods, which must be consistent with paragraph (b)(3) of this section, permitting a resident to return.</p> <ol style="list-style-type: none"> 1. Resident # 1 was not adversely affected by the alleged deficient practice. 2. A facility audit was conducted on 01/31/2012 by the Nursing administration team to ensure proper protocol being followed to ensure the facility is providing the resident and family and/or legal representative is provided with a written copy of the bed hold policy specifying the duration of the bed-hold upon discharge from the facility. 3. Review of the form indicated that it contained the required information for notice of discharge and bedhold policy. Admissions Director, RN, LPNs and Director of Nursing were in-serviced on the utilization of this form by the Administrator on the protocol for notice of bed-hold before and upon transfer. This in-service was conducted on 01/31/2012. 4. A QA will be conducted by Director of Nursing on 3 discharged residents a month for 3 months to ensure that the discharge/transfer/bedhold policy form is being utilized appropriately. 5. The Administrator will ensure continued compliance. 	2/1/12

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F 205	Continued From page 7 which included Multiple Sclerosis. Continued review revealed the resident was discharged to the hospital on 12/04/11. Interview with Resident #1, on 01/12/12 at 10:30 AM, revealed the Admissions Director and the Chef visited him/her at the hospital a few days after the transfer. The resident stated they wanted him/her to sign a paper. The resident reported he/she understood it at the time but couldn't really remember what it was about.	F 205		
F 206 SS=D	483.12(b)(3) POLICY TO PERMIT READMISSION BEYOND BED-HOLD A nursing facility must establish and follow a written policy under which a resident whose hospitalization or therapeutic leave exceeds the bed-hold period under the State plan, is readmitted to the facility immediately upon the first availability of a bed in a semi-private room if the resident requires the services provided by the facility; and is eligible for Medicaid nursing facility services. This REQUIREMENT is not met as evidenced by: Based on interview, record review and review of the Facility's policy it was determined the facility failed to ensure one (1) of three (3) sampled residents (Resident # 1) was re-admitted to the first available bed per facility policy.	F 206		

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F 206	<p>Continued From page 8</p> <p>The findings include:</p> <p>Review of the clinical record revealed the facility admitted Resident #1 on 06/30/08 with diagnoses which included Multiple Sclerosis. Continued review revealed the resident was discharged to the hospital on 12/04/11.</p> <p>Review of the facility policy titled "Bed Hold and Leave of Absence Policy" revealed the following: "Where a Resident's paid leave days for a calendar year have been exhausted, Resident will be entitled to readmission to the facility if desired upon the first availability of a bed in a semi-private room or ward if the Resident (a) Requires the services provided by the facility; and (b) is eligible for Medicaid nursing facility services". Continued review revealed the policy was presented on Resident #1's admission to the facility, and was signed by the Responsible Party on behalf of the resident.</p> <p>Review of the clinical record revealed Resident #1 was eligible for Medicaid nursing facility services and had chronic illness necessitating long-term care services. Review of the hospital record revealed the resident required long-term care placement after discharge.</p> <p>Review of the hospital Social Worker notes revealed the following: on 12/05/11 Resident #1 voiced the desire to return to the facility from the hospital; on 12/06/11 the facility stated the resident would be accepted back if a bed was available; on 12/06/11 the resident was very upset on learning belongings had been packed up and bed given away; on 12/07/11 only one Kentucky facility had accepted the resident for admission;</p>	F 206	<p>F206 Policy to Permit Readmission beyond Bed-Hold</p> <p>A nursing facility must establish and follow a written policy under which a resident whose hospitalization or therapeutic leave exceeds the bed-hold period under the State plan, is readmitted to the facility immediately upon the first availability of a bed in a semi-private room if the resident requires the services provided by the facility; and is eligible for Medicaid nursing facility services.</p> <ol style="list-style-type: none"> Resident # 1 was not adversely affected by the alleged deficient practice. A facility audit was conducted on 01/31/2012 by the Nursing administration team to ensure proper protocol being followed to ensure the facility is following the policy on admitting residents who exceeds bed-hold period is re-admitted to the facility to first available semi-private bed if the resident requires the services offered by the facility and the resident is eligible for Medicaid services. Admissions Director and Director of Nursing was in-serviced by the Administrator on the protocol for readmitting non-bed-hold resident in the first available semi-private bed. This in-service was conducted on 01/31/2012. A QA will be conducted by Director of Nursing or designee on 3 discharged residents a month for 3 months. The Administrator will ensure continued compliance. 	2/1/12	

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F 206	<p>Continued From page 9</p> <p>on 12/12/11 no additional Kentucky facility's had accepted the resident; on 12/15/11 the resident was ready for discharge but the facility reported no available beds; on 12/16/11 the facility reported no available beds, however another hospital patient was accepted at the facility a few hours later; on 12/16/11 the patient should have been given priority due to disability and Medicaid-eligibility; on 12/19/11 information was sent to facility indicating Resident #1 did not require isolation; and on 12/20/11 facility Admissions Director stated the facility would not be taking Resident #1 back due to behavioral issues; and on 12/20/11 Resident # 1 was sent to another facility and was tearful.</p> <p>Interview with the facility's Social Worker, on 01/11/12 at 2:40 PM, revealed she had no involvement in Resident #1's discharge from the facility.</p> <p>Interview with the Admissions Director, on 01/11/12 at 3:00 PM, revealed Resident #1 was Medicaid-eligible and was out of bed-hold days for the year 2011 at the time of transfer to the hospital. She stated she thought if a resident had been discharged, the bed-hold policy did not apply.</p> <p>Interview with the Ombudsman, on 01/11/11 at 3:45 PM, revealed Resident #1 called her on 12/06/11, two (2) days after transfer to the hospital, and was very upset because he/she had been informed the resident's bed had been given away. She stated she spoke to the facility's Social Worker on 12/07/11 and reminded her of the regulations and the facility's bed-hold policy. She stated she also spoke to the facility</p>	F 206		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/20/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 186174	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/12/2012
NAME OF PROVIDER OR SUPPLIER FLORENCE PARK CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 6976 BURLINGTON PIKE FLORENCE, KY 41042		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X6) COMPLETION DATE	
F 206	Continued From page 10 Administrator and told him, she wanted it to be clear the resident wanted to return to the facility. Interview with the Director of Nursing (DON), on 01/11/12 at 5:00 PM, revealed she and the Admissions Director handled re-admissions to the facility. She stated when Resident #1 was reviewed for re-admission from the hospital, they felt they could not meet her expectations. She stated she was not aware the resident wanted to return to the facility at that time. Interview with the Administrator, on 01/11/12 at 5:30 PM, revealed he took the bed-hold policy to imply the resident could return to the first available bed "if approved". He stated he was aware the resident wanted to return to the facility.	F 206			
F 250 S=0	483.15(g)(1) PROVISION OF MEDICALLY RELATED SOCIAL SERVICE The facility must provide medically-related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. This REQUIREMENT is not met as evidenced by: Based on interview and record review it was determined the facility failed to ensure social services to maintain the highest practicable physical, mental, and psychosocial well-being for one (1) of three (3) sampled residents (Resident # 1). The findings include:	F 250			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 186174	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/12/2012
NAME OF PROVIDER OR SUPPLIER FLORENCE PARK CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 8976 BURLINGTON PIKE FLORENCE, KY 41042		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 250	<p>Continued From page 11</p> <p>Review of the clinical record revealed the facility admitted Resident #1 on 06/30/08 with diagnoses which included Multiple Sclerosis. Continued review revealed the resident was discharged to the hospital on 12/04/11.</p> <p>Review of the Social Services notes revealed no documentation related to Resident #1 was made after 07/12/11. Interview with the Social Worker, on 01/11/12 at 2:40 PM, revealed she was no longer involved with the resident because the resident really didn't like her at all and wouldn't talk to her.</p> <p>Interview with the Director of Nursing (DON), on 01/12/12 at 4:15 PM, revealed the Social Worker was not involved with the resident because the resident did not like her and would get upset and angry if the social worker tried to talk to her. The DON stated she had been very involved with the resident and social services were provided. She further stated she could provide additional documentation describing her involvement. Documentation was provided, labelled "miscellaneous notes". Review of the notes revealed no entry was made after 06/13/11.</p>	F 250	<p>F250 Provision of Medically Related Social Services</p> <p>The facility must provide medically-related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.</p> <ol style="list-style-type: none"> 1. Resident # 1 was not adversely affected by the alleged deficient practice. Resident #1 is now agreeable to interaction with the current social worker. 2. A facility audit of social service notes and an interview with the social worker was conducted on 01/31/2012 by the Nursing administration team to ensure proper protocol being followed to ensure the facility is providing medically-related social services to attain or maintain the highest practicable physical, mental and psychosocial well-being of each resident. 3. Social Service Director, Unit Managers and Director of Nursing was in-serviced by the Administrator on the protocol to ensure each resident receives all medically related social services to maintain the highest practicable physical, mental and psychosocial well-being. This in-service was conducted on 01/31/2012. 4. A QA will be conducted by Director of Nursing or designee on 3 residents a week for 12 weeks by review of social service notes and interview of resident/responsible party. 5. The Administrator will ensure continued compliance. 	2/1/12	